



Understanding Program Families

Ask families to complete this form as part of registration for your program. Be sure to translate this into families' native languages, if applicable.

Child's Name: _____

Other children's names and ages: _____

I. Contact Information

Name of Parent of Guardian: _____

Contact Information:

Home Phone _____

Cell Phone _____

Work Phone _____

Email _____

The best time of day to contact me is usually: _____ to _____

The best way to reach me is (*circle all that apply*):

- cell phone (text)
- cell phone (call)
- home phone
- work phone
- email
- other: _____

II. About My Child

Which of your child's qualities or abilities are you most proud of? _____

What quality or ability (or lack thereof) are you most concerned about? _____

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If I could teach my child or help my child learn just three things, they would be:

- 1)
- 2)
- 3)

What are your child's strongest subjects in school? Where does he or she struggle?

Rate the following items from 1 to 5. One meaning I don't like doing this type of activity with my child and five meaning I love doing this type of activity with my child.

Activity	Rating (1-5)
Playing games	
Doing homework	
Doing crafts	
Organizing projects	
Taking trips	
Shopping	
Doing hair and nails	
Reading	
Doing sports	
Cooking	
Watching movies or plays	
Talking	
Listening to music/ dancing	
Fixing/ building things at home	
Gardening	
Working	

[Continue to the next page]



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In the chart, list a few activities above that you gave 4's or 5's. Think about how these activities could help your child learn new skills.

Activity (playing games, reading, doing homework, etc.)	What can my child learn from this activity? (basic math, following directions, vocabulary, etc.)

What skills or special knowledge (how to sew, speaking a different language, organizing events, connection with a local community college, etc.) that you have would you be willing to offer to the program and/or share with program youth?

Other thoughts, ideas, or questions: